

2020 ANNUAL PENSION VERIFICATION

SECTION A	SECTION A: Must be completed by the pension recipient (including widows, beneficiaries and ex-spouses collecting under a QDRO) or completed on their behalf by an approved Power of Attorney or Guardian.
	Name: _____ SSN (last four): _____
	Address: _____
	City: _____ State: _____ Zip: _____
	Is this a change of address? Yes <input type="checkbox"/> No <input type="checkbox"/>
	I receive a Pension as a (check one) <input type="checkbox"/> Retired 292 Member (complete Section B) <input type="checkbox"/> Widow <input type="checkbox"/> Beneficiary <input type="checkbox"/> Ex-spouse
Phone: _____ Email (optional): _____	

SECTION B	SECTION B: Must be completed by a Retired 292 Member.
	Are you currently employed (check one)? Yes <input type="checkbox"/> NO <input type="checkbox"/>
	Check any that apply: <input type="checkbox"/> 39.5 Hour Rule <input type="checkbox"/> 600 Hour Rule <input type="checkbox"/> Inspector
	Name of employer: _____
	Employer Phone number: _____
	Job Title: _____
Brief Job Description: _____	

SECTION C	SECTION C: Must be signed before a Notary Public by the pension recipient (including widows, beneficiaries and ex-spouses collecting under a QDRO) or an approved Power of Attorney.
	I hereby certify that the above information is correct.
	_____ Signature of Pension Recipient, Power of Attorney, or Guardian
	_____ Date
	The above signed, _____ known to be the person who executed the forgoing and acknowledged the same, personally came before me this _____ day of _____, 2020.
	Notary Seal
Witness my hand and official seal:	
Signature: _____	
Commission Expires: _____	
State: _____ County: _____	